							Application or Docket Number					
PATENT	APPLICATION Effec	ON FEE D			ION RECO	RD		098	2	566	0	
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL TYPE	ENTITY			THAN	
TOTAL CLAIMS		25				Ī	RATE	FEE	OR T	RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA		l	BASIC FI	+	OR:	04610 555	7000	
OTAL CHARGEABLE CLAIMS		25 minus 20=		. 5		l	X\$ 9≟	-bi-Al	A	DADE:	-60	
DEPENDENT CLAIMS		3 minus 3 =		. 0		ł	X40=	195	OR			
ULTIPLE DEPE	<u> </u>				ŀ	X40 <u>=</u>		OR	X80=			
f slag gliffaggy				+135				OR	+270=			
		ero, enter "0" in column 2				TOTAL	400	OR	TOTAL			
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALI	ENTITY	OR	OTHER SMALL		
	CLAIMS REMAINING		HIGH	EST	T	·ſ		ADDI-]		ADDI-	
	AFTER AMENDMENT		PREVIO	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
Total	. 23	Minus	+ 7	5	=	ı	X\$ 9=	1,50	OR	X\$18=		
Independent	. 4	Minus		3	= 1	\cdot	X40=	117	1	X80=		
AFTER AMENDMENT PAID FOR EXTRA Total • 23 Minus • 25 = Independent • 4 Minus • 3 = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	∧4 0 ₽	72	OR	5 55 5 5	`	
						L	+135=		ÓR	+270=		
						Α	TOTA ODIT. FEI			TOTAL ADDIT, FEE		
	(Column 1)		(Colur		(Column 3)	•			}} -	Service is	•	
	REMAINING AFTER		NUM PREVIO	BER	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
	AMENDMENT		PAID	FOR	EXMA	ŀ		FEE			FEE	
Total	. 23	Minus	2	5	=		X\$ 9=		OR	X\$18=		
Independent	* 4 ENTATION OF MI	Minus	***	CEAIN	=		X40=		ОЯ	X80=		
THIOT T NEOL	-TITALION OF IM	OCITI CC DCI	LINDLIN	CLAM		Γ	÷135≈	·	OR	+270=		
, .						L	TOTA	3		TOTAL		
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	CLAIMS REMAINING		HIGH	EST .	PRESENT	Г		ADDI-		-	ADDI-	
Total Independent	AFTER AMENDMENT		PREVIO	DUSLY	EXTRA		RATE	TIONAL		RATE	TIONAL FEE	
Total	•	Minus	** ,		=	ŀ	X\$ 9=	+ visitation	Comp.	X\$18=		
Independent	•	Minus	***	· · · · · · · · · · · · · · · · · · ·	= • •	ŀ			OR			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X40=		OR,	X80=	The second	
							+135=		OR	+270=		
If the entry in column 1 is less than the intry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."							TOTAL		OR	TOTAL ADDIT FEE	1. S.	
"If the "Highest Nu. The "Highest Nu.		aid For" IN THI	S SPACE	is less th	an 3, enter "3."	rfour	DDIT. FER	ppropriate bo	x in co	ADDIT FEE		

FORM PTO-875 (Rev. 9/00)